

STRICTLY PRIVATE & CONFIDENTIAL

Architects Professional Indemnity Insurance

PROPOSAL FORM

For advice, or assistance with
this form please contact:-



contractsure

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Architects Professional Indemnity Insurance

PROPOSAL FORM

1. NAME(S) OF FIRM (Please include any predecessors in business for whom cover is required)

2. ADDRESS OF PRINCIPAL OFFICE (Please list all other locations by Town or Country if overseas and identify supervising Partner/Director at each location)

3. DATE ESTABLISHED

4. NAMES OF PARTNERS/DIRECTORS

Names of Partners/ Directors	Qualifications	Date Qualified	Number of years as Partner/Director with the Firm(s)

5. SOLE PROPRIETORS – What arrangements do you make when you are unable to attend to your business (e.g. sickness, holidays)?

6. NUMBER OF STAFF

Qualified Staff (other than Partners/Directors)	Others (eg. Administration staff)	Self-employed/ contract hire	Total

7. RECENT CHANGES – During the last six years, has the name of the Firm(s) changed or has any amalgamation or acquisition taken place? **YES/NO**

If "YES" please give details:

8. GROSS FEE INCOME – Please advise:

For each of the last three financial years: Date / Month / Year	UK Based Contracts	Overseas Based Contracts
/ /	£	£
/ /	£	£
/ /	£	£
Estimated Gross Fees for the Current Financial Year / /	£	£

9. DISCIPLINE PROFILE – Please advise:

	UK Based Contracts	Overseas Based Contracts
Split of Gross Fee income received in the last complete financial year:		
i) Architectural Work	£	£
ii) Town Planning/Feasibility Studies	£	£
iii) Quantity Surveying	£	£
iv) Structural Surveys/Inspection Reports	£	£
v) Valuations	£	£
vi) Estate Agency	£	£
vii) Planning Supervisor Role	£	£
viii) Other Work – please advise details	£	£
TOTAL GROSS FEE INCOME	£	£

ix) Gross Fees paid to Consultants during the last complete financial year	£	£
x) Gross Fees income in the last complete financial year from ABORTIVE WORK where there is no likelihood of any future construction	£	£

Total Building Values certified during the last complete financial year.	£	£
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10. UNDER Q8 DISCIPLINE PROFILE ABOVE – for any activities where you have answered “Nil” please give details if you have undertaken work in the last six years:

11. CLIENT PROFILE – Please give the approximate percentage of the Firm’s work carried out during the last complete financial year applicable to the following projects:

(i) Educational Facilities (Schools, Universities etc)	%
(ii) Medical Facilities (Hospitals, Nursing Homes etc)	%
(iii) Recreation/Leisure Facilities (Swimming Pools, Sports Centres etc)	%
(iv) Housing	%
(v) Office/commercial	%
(vi) Retails Facilities (Shops, Retail Parks etc)	%
(vii) Industrial/Engineering	%
(viii) Others (Please specify)	%

In respect of any of the above, please advise :

(ix) Proportion of work undertaken for Government or Local Authorities	%
(x) Proportion of high rise Contracts (10 storeys or more)	%
(xi) Number of Storeys in Highest Block completed during the last 10 years	%

12. Please advise the following as an approximate percentage of the Firm’s work during the last complete financial year:

a	Where the Firm both designs and supervises/inspects construction	%
b	Where the Firm supervises/inspects construction from others designs	%
c	Where the Firm provides design etc but no supervision/inspection	%
d	Where the Firm acts as Project Manager/Co-ordinator	%

13. Please give details of any major new activities being undertaken during the forthcoming financial year. (eg. new offices, new disciplines, territories).

14. OTHER FINANCIAL INTERESTS – Does the Firm or any Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such partnership, company or organisation? (Apart from shares held in Public Companies) **YES/NO**

If "YES" please state the name and nature of such Organisation and outline work undertaken.

15. PROJECT PROFILE (UK) – Please state five largest contracts where construction has been started during last six years:

Start Date	Project	Total Contract Value	Firm's Contract Value	Completion Date

16. PROJECT PROFILE (OVERSEAS) – Where the Firm has undertaken work where the "end product" of such work was carried out overseas please advise details of five largest contracts where construction has been started during last six years:

Start Date	Project & Country	Total Contract Value	Firm's Contract Value	Completion Date

17. USA/CANADA – Has the Firm ever entered into any Contract (Please delete as appropriate:

(a) Where the jurisdiction to that Contract is subject to the laws of the USA/Canada? **YES/NO**

(b) Where it can be foreseen that any party outside the contract could bring legal action against the Firm under the laws of the USA/Canada? **YES/NO**

PLEASE NOTE: Standard cover will exclude usa/canada.

If "YES" please provide full details to include details of five largest projects:

Start Date	Project	Total Contract Value	Firm's Contract Value	Completion Date

18. JOINT VENTURE/CONSORTIUM

(a) Has the Firm or any Partner/Director been, or is currently, a member of a Consortium or worked in association with any other Firm or Organisation? **YES/NO**

If "YES" please supply full details including names of all members and details of Professional Indemnity cover carried by each party.

(b) Is cover required for such work? **YES/NO**

If "YES" please confirm that Joint Venture income is included in answer to Question 7 & 8.

If "YES" Insurers may require a copy of any new agreement not previously declared to Underwriters.

19. INDEPENDENT CONSULTANTS

(a) When independent or specialist consultants are required, have you in the past ensured, and will you in the future endeavour to ensure, that such consultants are appointed directly by and paid by your Client? (Please delete as appropriate)

(i) In the past? **YES/NO**

(ii) In the future? **YES/NO**

PLEASE NOTE: Whenever you engage or employ consultants, you should ask each year for evidence of their Professional Indemnity Insurance.

(b) Does the Firm engage in any construction, erection or supply of materials? **YES/NO**

If "YES" please advise details:

20. WORK IN OWN NAME

(a) Do any of the Partners/Directors carry out independent work in their own name? **YES/NO**

(b) Is a quotation required to include cover for such work under this policy? **YES/NO**

(c) If "YES" please advise for each Partner/Director:

(i) Brief description of work:

(ii) Total amount of Gross Fees received from this work in last complete financial year £ _____

(iii) Details of any claims paid or any known circumstances which are likely to give rise to a claim.

PLEASE NOTE: IT IS IMPERATIVE THAT THIS QUESTION IS ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

21. CLAIMS &/OR CIRCUMSTANCES

(a) CLAIMS – During the last ten years, have any claims been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the Firm’s activities? **YES/NO**

If “YES” please advise full details including amounts involved and settlement dates where appropriate

CLAIMS PAID

CLAIMS OUTSTANDING

(b) CIRCUMSTANCES – Are any of the Partners/Directors AFTER ENQUIRY aware of any circumstances which are likely to give rise to a claim against the Firm(s) or its Predecessors in business or its/their present or former Partners/Directors? **YES/NO**

If “YES” please advise full details including amounts involved:

22. CURRENT INSURANCE ARRANGEMENTS – Please complete if you are not currently insured via Contractsure.

Limit of Indemnity	Excess	Premium	Insurer	Renewal Date	Period continuously insured

PREVIOUS INSURANCE – Has any similar insurance for this Firm(s) or any Partner/Director been declined, cancelled or renewal refused? **YES/NO**

If "YES", please advise details:

23. QUOTATIONS REQUIRED

Limits of indemnity	£	£	£
Excess(es)	£	£	£

DECLARATION

I/We declare that the above statements and particulars are true and I/We have not suppressed or misstated any material facts.

I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any subsequent contract of insurance.

Signed:.....Partner/Director Date:.....

For and on behalf of:.....

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS. COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

